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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,510.00

Complete if Known

Application Number	10/714,353-Conf. #6363
Filing Date	November 14, 2003
First Named Inventor	Janine SCHUURMAN
Examiner Name	L. A. Bristol
Art Unit	1643
Attorney Docket No.	GMI-059RCE

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims 71 - 156 Extra Claims x Fee (\$) = Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims
Fee (\$) 370.00 Fee Paid (\$) 370.00

Indep. Claims 19 - 18 = Extra Claims x Fee (\$) 210 = Fee Paid (\$) \$210

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets /50 = Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
(round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00
1251 Extension for response within first month 120.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	41,710	Telephone	(617) 994-0882
Name (Print/Type)	Jeanne M. DiGiorgio	Date	February 28, 2008		



Express Mail Label No. EV 956466433 US Dated: February 28, 2008

Docket No.: **GMI-059RCE**
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Janine Schuurman *et al.*

Application No.: 10/714,353

Confirmation No.: 6363

Filed: November 14, 2003

Art Unit: 1643

For: **HUMAN MONOCLONAL ANTIBODIES
AGAINST CD25**

Examiner: L. A. Bristol

REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

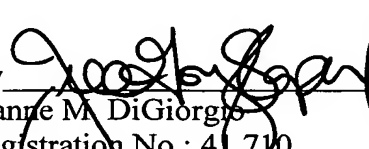
The Attorney Docket Number of the above-identified patent application has changed.
Please take notice that the Attorney Docket Number for this application should now be as follows:

GMI-059RCE

Please reference **GMI-059RCE** on all future correspondence.

Dated: February 28, 2008

Respectfully submitted,

By  (Reg # 60,760) for
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